

## **Testimony of the Connecticut Chiropractic Association**

House Bill 6411

Human Services Committee

February 19, 2013

The Connecticut Chiropractic Association (CCA) submits these comments for the record in regard to HB6411.

The members of the Connecticut Chiropractic Association are proud to be a part of the healthcare environment in the State of Connecticut.

We understand the fiscal challenges facing the State of Connecticut. However, we believe restoration of a chiropractic benefit will help significantly lower costs to the HUSKY program by avoiding treatments that might be more costly or pose an inherently higher risk for our patients.

Chiropractic services can improve health outcomes of the HUSKY children who are served.

The literature clearly shows that children suffer significant back pain.[11] In fact, in a study of 1,126 children, the prevalence of nonspecific back pain increases dramatically during adolescence from less than 10 percent in the pre-teenage years up to 50 percent in 15- to 16-year-olds. Of 1,122 backpack users, 74.4 percent were classified as having back pain, validated by significantly poorer general health, more limited physical functioning, and more bodily pain. There is widespread concern that heavy backpacks carried by adolescents contribute to the development of back pain.[12].

Other contributing factors to the near epidemic of back pain in adolescents are: sedentary lifestyle, obesity, de-conditioning, excessive sitting, poor diet, etc. These issues are being routinely addressed with successful therapeutic outcomes, in the normal visit to a chiropractic physician.

Another study of pediatric patients concluded that patients responded favorably to chiropractic management, and there were no reported complications.[13]

Numerous recognized and respected guidelines support the use of spinal manipulation, along with other therapies, in the treatment of back pain.[14] Just recently, the widely-respected journal, *Annals of Internal Medicine* stated: \*Recommendation 7: \*For patients who do not improve with self-care options, clinicians should consider the addition of non-pharmacologic therapy with proven benefits—for acute low back pain, spinal manipulation [emphasis added]; for chronic or sub-acute low back pain, intensive

interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation [emphasis added], yoga, cognitive-behavioral therapy, or progressive relaxation.[15] Accordingly, it would be a detriment to limit care for children for what has proven to be the most effective treatment for spine pain, spinal manipulation.

Given the reality of back pain suffered by children and adolescents, it is important that the benefits to patients to utilize the profession best suited to evaluate and treat these conditions remain available. Chiropractic physicians clearly possess more education and clinical skills in the area of musculoskeletal diagnosis and treatment compared other health care providers. If Chiropractic is not available to HUSKY enrollees, young patients will have nowhere to turn except to general medicine. This will not result in dollars saved. These patients will undoubtedly turn to other health care options that are invariably more costly. A limited or complete loss of chiropractic benefits will result in a shift toward increased payment for traditional care with its inherent higher costs for treatment, diagnostics and the risks associated with prescriptions and invasive procedures. Given the fact that our society, especially the young, is already overmedicated, this policy may be a move in the wrong direction. We are justifiably concerned that this policy will force unnecessary drugs on children who suffer back pain and other conditions commonly treated by chiropractic physicians. The side effects of those drugs can easily be avoided by the use of more conservative chiropractic care and result in better outcomes.

Further review of the literature by Farabaugh (2009)[1] reveals numerous papers related to spinal manipulative therapy (SMT) and cervical pain, including headaches.[2][3][4][5] Chronic and cervicogenic headaches remain some of the most prevalent forms of headaches, and chiropractic physicians are particularly well-trained to treat these condition, including headaches suffered by children. [6][7][8][9] Additional literature exists related to many non-musculoskeletal conditions.[10] Additionally, there are many other conservative measures that chiropractic physicians can utilize within the scope of practice to assist patients with these conditions. Not every patient desires drug management and conservative alternatives should be available and allowable by any providers licensed to provide those services.

Health affairs a prominent public policy journal, stated in their article "US Spending on complementary and alternative Medicine during 2003-2008" just last month,...that contrary to common expectations eliminating chiropractic services will in fact raise health care costs in health delivery systems.

A major concern of the Connecticut Chiropractic Association is that children will be forced into medical treatment as an only option for health care by DSS, if Chiropractic coverage continues to be denied. We believe Chiropractic is a more conservative

treatment that can serve their needs effectively, remove the burden of chronic pain patients on the medical community and, in lieu of the across the board cuts in healthcare, provide significant cost savings to the State of Connecticut. We respectfully request you act favorably with regards to HB6411.

Thank you for your consideration of this important matter.

---

[1] Farabaugh, RJ. Chiropractic Treatment of Children: Reimbursement Issues. Journal of Clinical Chiropractic Pediatrics, Volume 10, Number 2, December 2009.

[2] Bronfort et al. Efficacy of Spinal Manipulation for Chronic Headache: A Systematic Review. Journal of Manipulative and Physiological Therapeutics Volume 24, Number 7, September 2001.

[3] Davis CJ. Chronic Cervical Spine Pain Treated With Manipulation Under Anesthesia. Journal of the Neuromusculoskeletal System. Fall 1996 Vol. 4, No. 3.

[4] Hurwitz, E.; Aker, P.; Adams, A.; Meeker, W.; Shekelle, P. Manipulation and Mobilization of the Cervical Spine. A Systematic Review of the Literature. Spine 1996. Aug. 21(15. pp 1746-60.

[5] Haas M, Group E, Aickin M, Fairweather A, Ganger B, Attwood M, Cummins C, Baffes L. Dose response for chiropractic care of chronic cervicogenic headache and associated neck pain: a randomized pilot study. J Manipulative Physiol Ther. 2004 Nov-Dec;27(9):547-53. Center for Outcome Studies, Western States Chiropractic College, Portland, OR, USA. [mhaas@wschiro.edu](mailto:mhaas@wschiro.edu)

[6] Nilsson, N; Christensen, HW; Hartvigsen, J The Effect of Spinal Manipulation in the Treatment of Cervicogenic Headache. JMPT. 1997 Jun. 20(5). Pp 326-30. .

[7] Nelson, C. Principles of Effective Headache Management Topics in Clinical Chiropractic. 1998 March Vol. 5(1) Pgs. 55-61

[8] Cochrane Database Syst Rev. 2004;(3):CD001878. Non-invasive physical treatments for chronic/recurrent headache. \*Bronfort G\* Wolfe-Harris Center for Clinical Studies, Northwestern Health Sciences University, 2501 W 84th St, Bloomington, MN 55431, USA. [gbronfort@nwhealth.edu](mailto:gbronfort@nwhealth.edu)

[9] Headache. 2005 Oct;45(9):1260-3. Spinal manipulative therapy in the management of cervicogenic headache. Fernández-de-Las-Peñas C Department of Physical Therapy, Occupational Therapy, Physical Medicine and Rehabilitation, Universidad Rey Juan Carlos (URJC), Alcorcón, Madrid, Spain.

[10] Hawk C, Khorsan R, Lisi A, Ferrance RJ, Evans MW. Chiropractic care for non-musculoskeletal conditions: a systematic review with implications for whole systems research. J Alternative Complementary Med 2007;13(5):491-512

[11] Hestback, Lise DC, PhD; Leboeuf-Yde, Charlotte DC, MPH, PhD; Kyvik, Kirsten Ohm MD, PhD; Manniche, Claus Dr Med Sc The Course of Low Back Pain from Adolescence to Adulthood: Eight-Year Follow-up of 9600 Twins. Spine. 31(4):468-472, February 15, 2006.

[12] Geraldine I. Sheir-Neiss, PhD, Richard W. Kruse, DO, Tariq Rahman, PhD, Lisa P. Jacobson, ScD, Jennifer A. Pelli, MS  
Association of Backpack Use and Back Pain in Adolescents, Spine, Posted 06/03/2003

[13] Hayden JA, Mior SA, Verhoef MJ. Evaluation of chiropractic management of pediatric patients with low back pain: a prospective cohort study. JMPT 2003 Jan;26(1):1-8

[14] AHCPR guideline 1994, URAC guidelines

[15] Annals of Internal Medicine Clinical Guidelines Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society 2 October 2007 | Volume 147 Issue 7 | Pages 478-491

[16] Humphreys K. Possible adverse events in children treated by manual therapy: a review Chiropractic & Osteopathy 2010, 18:12. <http://www.chiroandosteo.com/content/18/1/12>

[17] Miller et al. Adverse Effects of Spinal Manipulative Therapy in Children Younger than 3 Years: A Retrospective Study in a Chiropractic Teaching Clinic. J Manipulative Physiol Ther. 2008;31:419-423.

[18] Vohra et al. Adverse Events Associated With Pediatric Spinal Manipulation: A Systematic Review Pediatrics 2007;119:275-283